

Child's Last Name: _____



Summer Camp- Wonderful Wednesdays PARENT/GUARDIAN REGISTRATION FORM

*Castle Kilbride has contacted me accepting my child(ren) into the program: Y N

Child's Name: _____ Age: _____ Gender: M F

Parent(s) /Guardian: _____

Address: _____ City: _____

Postal Code _____ Home #: _____

Work #: _____ Cell#: _____

Emergency Contact: (must be different than above) _____

Tel #: _____ Relationship to Child _____

*Allergies/ Health or Learning Concerns _____

Child's Health Card # _____

Doctor's Name _____ Doctor's Phone # _____

REGISTERED DATES (please check)

August 1 ___ August 8 ___ August 15 ___ August 22 ___

Allow child to be photographed (could be used in future marketing)? Y N

My Child(ren) will walk home after Castle Camp (no sign out required) Y N

My child will be picked up after Castle Camp (sign out required) Y N

The following adults have my permission to pick my child up after camp (different from parents)

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Parent/Guardian Signature _____

CASTLE USE ONLY

#of Days _____ x \$30..... \$ _____

Paid _____ **Date** _____ **Method** _____